

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Santos Savio et al. Examiner: Bruce D. Hissong
Serial No: 10/529,923 Group Art Unit: 1646
Confirmation No: 5270 Docket: 976-24 PCT/US/RCE III
Filed: August 29, 2005 Dated: January 16, 2009
For: VACCINE COMPOSITION COMPRISING INTERLEUKIN-15 (IL-15)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Certificate of EFS-Web Transmission

I hereby certify that this correspondence is being transmitted
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Joyce Peterson

(Printed Name)

Signature: _____/joyce peterson/

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Applicants hereby appeal to the Board from the decision of the Primary Examiner,
mailed **October 16, 2008**, finally rejecting **Claims 22 and 23.**

The item(s) checked below are appropriate:

1. STATUS OF APPLICANTS

This application is on behalf of

- ☐ other than a small entity .
☒ small entity.

A verified statement claiming small entity status

- ☐ is attached.
☐ was already filed on _____.

2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 CFR 1.17(e), the fee for filing the Notice of Appeal is:

<input checked="" type="checkbox"/>	small entity	\$270.00
<input type="checkbox"/>	other than small entity	\$540.00

Notice of Appeal fee due **\$270.00**

3. EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

(complete (A) or (B), as applicable)

- (A) ☐ Applicants petition for an extension of time under 37 CFR 1.136 for the total number of months checked below (fees: 37 CFR 1.17(a)-(d)):

	Extension (months)	Fee for Other than <u>Small Entity</u>	Fee for <u>Small Entity</u>
<input type="checkbox"/>	one month	\$ 130.00	\$ 65.00
<input type="checkbox"/>	two months	\$ 490.00	\$245.00
<input type="checkbox"/>	three months	\$1,110.00	\$555.00
<input type="checkbox"/>	four months	\$1,730.00	\$1,175.00

Fee due for indicated extension \$ ____

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

Extension fee due with this request **\$ 00**

OR

- (B) ☒ Applicants believe that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicants have inadvertently overlooked the need for a petition and fee for extension of time.

4. TOTAL FEE DUE

The total fee due is:

Notice of Appeal fee \$ **270.00**

Extension fee (if any) \$ _____

TOTAL FEE DUE \$ **270.00**

5. FEE PAYMENT

☐ Attached is a check in the sum of \$_____.

☒ Charge Account No. **08-2461** the sum of \$ **270.00**

6. FEE DEFICIENCY

☒ If any additional extension and/or fee is required or any overpayment has been made, please charge our Deposit Account No. **08-2461** or credit our Deposit Account for such sum.

AND/OR

☒ If any additional fee for claims is required or any overpayment has been made, please charge our Deposit Account No. **08-2461** or credit our Deposit Account for such sum.

Respectfully submitted,

/james f. harrington/

James F. Harrington

Attorney for Applicants

Reg. No. 44,741

HOFFMANN & BARON, LLP
6900 Jericho Turnpike
Syosset, New York 11791
(516) 822-3550
JFH/jp

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